

# SUMMARY FORM

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

### Section I: Agreement Details

Public Employer: Carlstadt Board of Education County: Bergen

Employee Organization: Carlstadt Education Association Employees in Unit: 67

Base Year Contract Term: 6/27/2011 6/26/2014 New Contract Term 7/1/2014 6/30/2018

Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>			
Item 1 .....	Salary	\$4,526,958	\$4,526,958
Item 2 .....	Increment		
Item 3 .....	Longevity	\$13,200	\$13,200
Item 4 .....	Extra Curricular	\$20,000	\$20,000
Item 5 .....			
Item 6 .....			
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet Additional Items			
<b>Section III: Totals</b> - Sum of costs in each column		\$4,560,158 (Total)	\$4,560,158 (Total)

### Section IV: Analysis of new successor agreement

### NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$4,560,158

Effective Date (m/d/yyyy)	7/1/2014	7/1/2015	7/1/2016	7/1/2017	7/1/2018
Percent Increase .....		2.8	2.7	2.72	2.86
Total cost of increase ..		\$127,868	\$126,627	\$131,264	\$131,572
Total base salary (successor agreement) .....	\$4,560,158	\$4,688,026	\$4,814,653	\$4,945,917	\$5,077,489

### Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.78

Dollar Impact (average per year over term of agreement) \$129,332.00

### Section VI

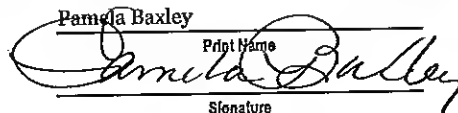
Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan .....	\$1,036,785	\$1,065,603				
Employee Contributions .....	\$71,472	\$106,393				
Prescription .....	\$311,066	\$331,762				
Dental .....	\$89,434	\$101,241				
Vision .....	\$10,232	\$11,645				

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

### Section VII

Prepared by:

Pamela Baxley  
Print Name  
  
Signature

Title: SBA

Date: 9/26/2014